

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025574

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1737

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

KOCH

1

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

5

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS

Length of stay in lb

MONS.

c. CITY
OR
TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ROBERT KOCH Hosp.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
2903 GRAVOIS

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
FRANK

Middle

Last
RODAWALD4. DATE
OF
DEATH

Month

Day

Year

6

9

62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

9/9/89

72

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Cab Driver (Retired) Mound

10b. KIND OF BUSINESS OR INDUSTRY

City Cab Co.

11. BIRTHPLACE (City and state or country)

St. Mary's, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ADAM RODAWALD

13b. MOTHER'S NAME

MINNIE FISHER

14. NAME OF HUSBAND OR WIFE

Late Minnie E. Rodawald

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Address

Frank Rodawald Jr. 3712 S. Broadway

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

DUE TO (b)

Bronchogenic Carcinoma

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her

him

alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Bernard Friedman M.D.

22b. ADDRESS

Koch Hosp. Koch mo

22c. DATE SIGNED

6-9-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

June 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis,

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S.Kingshighway Blvd

25. DATE RECD. BY LOCAL REG.

6-11-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin A. McHernault

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.